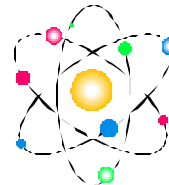




WPAFB RADIATION SAFETY OFFICE
88 ABW/EMB
Wright-Patterson AFB, OH 45433-5332
(DSN 787-2010, commercial 937-257-2010)



HOST-TENANT SUPPORT VISIT CHECKLIST

BASE: _____

ORGANIZATION: _____

DATE OF VISIT: _____

PERSON CONTACTED: _____

PERFORMED BY: _____
SUMMARY:

_____ The radiation safety program was found to be in compliance with rules and regulations of the USAF.

_____ Deficiencies in the radiation safety program, excluding permitted radioactive materials, were found but corrective action was taken at the time of the audit. The following item(s) were corrected:

_____ Deficiencies in the radiation safety program were found and the following item(s) need correction:

COMMENTS and/or RECOMMENDATIONS:



WPAFB Radiation Safety Office

Organization: _____

Date of Visit: _____

Criteria	Yes	No	N/A	References
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1. General:

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|---|
| a. Base RSO appointed in writing by
installation commander: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | AFI 40-201 Para 1.21.1
AFI 48-125 Para 2.4 |
| b. Formal base radiation protection program: | | | | |
| 1. Address Laser Program: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | AFI 40-201 Para 1.21.2 |
| 2. Ionizing radiation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. ALARA | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. Reviewed annually: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

comments

2. NON PERMITTED RADIOACTIVE MATERIAL CONTROL, STORAGE, AND WASTE MANAGEMENT:

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|----------------|
| a. Are there RAM storage areas: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1. Storage area secure: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10 CFR 20.1801 |
| 2. Storage area properly posted: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10 CFR 20.1902 |
| 3. Are storage restricted areas surveyed at
90 day intervals and unrestricted annually: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | TO 00-110N-3 |
| 4. Radiation safety surveys documented; and the
results reported in units of rad or rem: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10 CFR 20.2101 |
| 5. RAM containers properly labeled: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10 CFR 20.1904 |

comments

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|----------------------------------|
| b. Radiation Safety Criteria | | | | |
| 1. Calculated radiation levels in unrestricted
area less than 2.0 mrem in any one hour
and 100 mrem in a year: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10 CFR 20.1301 |
| 2. Radiation areas | | | | |
| a. Radiation levels < 5 mrem/hr at
30 cm from the source: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10 CFR 20.1003
10 CFR 20.1902 |
| b. Area posted: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10 CFR 20.1902 |
| c. NRC Generally Licensed Radioactive Material: | | | | |
| 1. Are these devices permitted by the RIC: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | AFI 40-201 Para 3.2 |
| 2. Have devices been inventoried on a
six month basis: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | AFI 40-201 Para 3.6.2 |
| 3. Are devices tested for leakage at intervals
no longer than six months (if applicable): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10 CFR 31.5 |
| 4. Has transfer of such device been done: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| a. Transfer to a specific licensee: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| b. Reports of transfer made to RIC: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

comments



WPAFB Radiation Safety Office

Organization: _____

Date of Visit: _____

Criteria	Yes	No	N/A	References
d. Receiving and Opening Packages:				
1. Are external surface radiation levels measured for packages containing quantities in excess of Type A quantities within 3 hours after receipt:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 CFR 20.1906
2. Are external surfaces of labeled packages monitored for contamination within 3 hours after the package is received:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 CFR 20.1906

comments

e. Radioactive Waste:				
1. Is RAW storage area permitted (authorized storage location):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AFI 40-201 Para 3.9.4
2. Are RAW inventories kept in a bound log book with numbered pages:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AFI 40-201 Para A6.1.2
3. Are RAW containers surveyed on a weekly basis or after inventory is increased:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AFI 40-201 Para A6.1.3
4. Is RAW kept less than 2 years:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AFI 40-201 Para 3.9.7
a. Date of last request for RAW disposal:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Date of last waste shipment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Were there any discrepancies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

comments

f. Static Display Aircraft:				
1. Initial survey of Static Display Aircraft accomplished:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AFI 84-103 Para 9.3
2. Swipes accomplished:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AFI 84-103 Para 9.3.2
3. Survey accomplished every 3 years:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AFI 84-103 Para 9.5
4. Survey includes dose assessment (< 0.5 mrem/hr)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AFI 84-103 Para 9.6
5. All swipe results < 20 DPM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AFI 84-103 Para 9.3.3

comments

3. TLD PROGRAM:

a. Copy of AL TLD instruction manual on hand:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AFI 48-125 Para 2.8
b. Personnel radiation monitoring appropriate:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 CFR 20.1101
c. Females on program briefed on potential hazards to the fetus:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AFI 48-125 Para 5.2.1
d. TLDs used and stored properly:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Exposure results provided to worker:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 CFR 19.13
f. Is documentation of AF Forms 1527 being provided to individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AFI 48-125 Para 2.3
g. Unnecessary personnel removed from program:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Results reviewed by RSO for adverse trends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AFI 48-125 Para 2.8



WPAFB Radiation Safety Office

Organization: _____

Date of Visit: _____

Criteria	Yes	No	N/A	References
i. Investigations of adverse trends or unexpected doses performed and documented:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AFI 48-125 Para 2.8
j. Results briefed to Aerospace Medicine Council and Base Commander annually:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

comments

4. LASER SAFETY PROGRAM:

a. Copy of AFOSH STD 161-10 available:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AFOSH 161-10 Para A.4.d.
b. Complete inventory of all lasers:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AFOSH 161-10 Para C.5.a.
c. AF Forms 2760 completed for all lasers:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AFOSH 161-17 Attach 14
d. Hazard evaluation performed and summary completed for each Class 2, 3a, 3b & 4 laser:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AFOSH 161-10 Para C.5.b.(1)
e. Laser inventory and evaluation updated annually:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AFOSH 161-10 Para C.6.d.
f. Personnel instructed on hazards associated with lasers being used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AFOSH 161-10 Para A.4.c.(3)
g. Written operating instructions and emergency shutdown procedures for each Class 3b and 4 laser.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AFOSH 161-10 Para A.4.c.(4)

comments

5. X-RAY PROTECTION PROGRAM:

a. Annual evaluation of x-ray use areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AFOSH 161-17 Para B.2.
1. Medical X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Dental X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Dental Panoramic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. NDI Shielded Exposure Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. NDI Unshielded Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Performed or evaluated by Base RSO:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

comments

ADDITIONAL COMMENTS:

Audit of USAF Radioactive Material Permit number _____, attachment 1.
 Audit of USAF Radioactive Material Permit number _____, attachment 2.
 X-ray device survey findings, attachments _____, and _____.